



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Nassau County Public Safety Training Center

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 11/28/2017

4. **Project/Program Description:**

Nassau County Public Safety Training Center

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Law Enforcement

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	750,000	750,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	1,387,412	64.9%
Other	0	0.0%
TOTAL	1,387,412	64.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,137,412

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		500,000	500,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

750,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

The continuing growth of the Northeast Florida and the increasing call for law enforcement and fire/rescue services requires the building of a training facility capable of matching the public safety needs of the citizens of Northeast Florida. The facility will consist of firearm ranges, less lethal weapons, training space, emergency driving tracks, classrooms, shoot house, a burn building, training tower and a simulation building for close quarter combat training.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

This facility can be shared with regional public safety agencies for training such as Fernandina Beach Fire/Rescue & Police Department, United States Postal Service, CSX, Custom Border Protection, Federal Bureau of Investigations and Florida Wildlife Commission. Additionally other regional counties such as Baker, Duval, Clay, St. Johns, Putnam, and Flagler could benefit from the funding of this project.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	<p>A portion of the funds requested will be used to hire an architect to design the facility and a project manager to oversee the construction.</p> <p>The remaining portion of funding will cover construction of the shooting range, training metal building, shoot house, fire/rescue burn building and training tower.</p>	3,000,000
TOTAL		3,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Public Safety services to citizens of Northeast Florida

e. Who is the target population served by this project? How many individuals are expected to be served?

Entire population of Northeast Florida will benefit. Latest population estimates are more than 80,000.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Enhanced capabilities of officers and firefighters within Northeast Florida that are currently not present by permitting routine refresher and remedial training in the region using the actual equipment used in service, and training regularly with co-workers encountered in the field, as opposed to, mixed training units out of the region. Better capabilities that are relied upon by outside agencies to promote emergency operations for regional natural disasters, active shooter and other threats.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?



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Payback of funds received from the State

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Nassau County

- 13. Requestor Contact Information:**

- a. **Name:** Shanea Jones
- b. **Organization:** Nassau County Board of County Commissioners
- c. **Email:** sjones@nassaucountyfl.com
- d. **Phone Number:** (904)530-6010

- 14. Recipient Contact Information:**

- a. **Organization:** Nassau County Board of County Commissioners
- b. **County:** Nassau
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Justin Stankiewicz
- e. **E-mail Address:** jstankiewicz@nassaucountyfl.com
- f. **Phone Number:** (904)530-6010

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Mark Anderson
- b. **Firm:** Mark Anderson Governmental Consulting
- c. **Email:** mark@consultanderson.com
- d. **Phone Number:** (813)205-0658